

**RECEIVED  
CENTRAL FAX CENTER**

**NOV 04 2006**

PTO/SB/04 (09-06)

Approved for use through 03/31/2007. OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT  
ABANDONED UNINTENTIONALLY UNDER 37 CFR 1.137(b)**

Docket Number (Optional)

First named inventor: Kream, Richard M.

Application No.: 10720.039

Art Unit: 1647

Filed: April 28, 2002

Examiner: Landsman, Richard S.

Title: Method of Transporting a Chimeric Hybrid Molecule Across the Blood Brain Barrier

Attention: Office of Petitions  
Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
FAX (571) 273-8300

**NOTE:** If information or assistance is needed in completing this form, please contact Petitions Information at (571) 272-3282.

The above-identified application became abandoned for failure to file a timely and proper reply to a notice or action by the United States Patent and Trademark Office. The date of abandonment is the day after the expiration date of the period set for reply in the office notice or action plus an extensions of time actually obtained.

**APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION**

**NOTE:** A grantable petition requires the following items:

- (1) Petition fee;
- (2) Reply and/or Issue fee;
- (3) Terminal disclaimer with disclaimer fee - required for all utility and plant applications filed before June 8, 1995; and for all design applications; and
- (4) Statement that the entire delay was unintentional.

**1. Petition fee**

☒ Small entity-fee \$ \_\_\_\_\_ (37 CFR 1.17(m)). Applicant claims small entity status. See 37 CFR 1.27.

☐ Other than small entity -- fee \$ \_\_\_\_\_ (37 CFR 1.17(m))

**2. Reply and/or fee**

A. The reply and/or fee to the above-noted Office action in the form of Response to Office Action (Identify type of reply):

☐ has been filed previously on \_\_\_\_\_  
☐ is enclosed herewith.

B. The issue fee and publication fee (if applicable) of \$ \_\_\_\_\_

☐ has been paid previously on \_\_\_\_\_  
☐ is enclosed herewith.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.137(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

01/30/2007 CKHLOK 00000010 16730028

01 FC:2252

225.00 DP

PAGE 1/18 \* RCVD AT 11/4/2006 8:14:59 PM [Eastern Standard Time] \* SVR:USPTO-EFXXF-2/5 \* DNS:2738300 \* CSID:2123444294 \* DURATION (mm-ss):06-50

Refund Ref:

01/30/2007

0030037506

Credit Card Refund Total: \$525.00

Ref Exp.: XXXXXXXXXXXX3008

01 FC:2453

11/06/2006 TL0111

00000003 10720039

750.00 DP

01/30/2007 CKHLOK  
11/06/2006 TL0111 00000003 10720039  
01 FC:2453

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 1/29/07

2 Serial/Patent # 10720039

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

✓ Notice of Appeal/Appeal

\$

✓ Petition

11/4/06

\$ 525.00

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 525.00

10 REASON:

✓ Overpayment

Duplicate Payment

No Fee Due (Explanation):

8 TO BE REFUNDED BY:

✓ ~~Treasury check~~ CC

Credit Deposit A/C #:

9

		--				
--	--	----	--	--	--	--

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

Liana Walsh

TITLE:

Pet. Examiner

SIGNATURE:

[Signature]

PHONE:

23206

OFFICE:

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED:

[Signature]

DATE:

1/30/07

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: